

NURSE CORPS NEWSLETTER



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Nurse of the Year**
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A portrait of a woman with short brown hair, smiling, wearing a dark blue U.S. Navy officer's uniform. She has a colorful service ribbon bar on her left chest and gold stripes on her sleeves. The background features the American flag on the left and a portion of the U.S. Navy flag on the right. The image is framed by a decorative border of yellow leaves on a light gray background.



Farewell Remarks

A Message from the Executive Director

Mary Riggs, RADM, NC, USN



It follows then as certain as that night succeeds the day, that without a decisive naval force we can do nothing definitive, and with it, everything honorable and glorious. — George Washington



Dear Friends and Shipmates,

As I conclude my 32 years of service to the Navy, I want to thank all of you as you have contributed to my personal and professional success. My life is richer because of you.

I am deeply grateful for the opportunities to serve our great nation. With the support of God, family, friends and fellow Sailors, I hope the net results were positively impactful.

Our first responsibility is being ready to go and save lives where it counts, when it counts. We need to ensure we are preparing for the future and ready for the future fight. As the Navy and Marine Corps moves toward more distributed operations, casualty care and survival may depend on the individual medical personnel on a ship or in a unit, potentially for extended periods of time. The readiness of every single member of the Navy Medicine team is paramount to combat survival in the future. If the past is a prediction of the future, the heroic service and sacrifices of our hospital corpsmen, nurses, doctors and allied health professionals on the battlefield and during a worldwide pandemic have demonstrated the grit, determination and ingenuity that will win the day.

Time changes everything; as this new generation of Navy Medicine warriors take the helm, may you continue the honor and traditions of this great nation's Navy. Cherish the time you have with your shipmates and rally those junior to you. Hold each other in esteem and respect the work that is given to us.

As I walk across the threshold of retirement, I stand in awe of your dedication, accomplishment and take pride in a job well done.

Anchors Away!



NAVAL MEDICAL FORCES PACIFIC



John Volk
CAPT, NC, USN
NMFP Chief Nursing Officer

Greetings from Naval Medical Forces Pacific. My how time flies! I can't believe it has been a little more than a year that I have been the Chief Nurse for the Pacific region.

Last year, I opened with our transition efforts and ongoing negotiations between Navy Medicine (BUMED) and the Defense Health Agency (DHA). Earlier this year, the DHA Regions Europe and Inso-Pacific were established and completed the transfer of authority, direction, and control of our medical treatment facilities (MTFs) from BUMED to DHA. It has been a long and arduous journey to get where we are today but we can look forward to building on our existing relationships with our DHA partners as we move forward with our focus on readiness while still supporting the beneficiary mission to maintain our knowledge, skills, and abilities.

The last fifteen months challenged our resilience as we experience unprecedented deployment tempo while supporting the beneficiary mission at our MTFs. Doubling down on our efforts to bolster the

response to COVID-19, emerging variants and numerous surges, we sent nurses from multiple specialties to assist our civilian partners across the nation. At the same time, we were tasked to support Operation Allies Welcome to assist with the intake and care of refugees following the end of operations and troop withdrawal from Afghanistan.

As we strive toward optimizing readiness and supporting the warfighter, we will have opportunities to develop and refine our expeditionary teams - their composition, purpose and processes. Having established two Expeditionary Medical Facilities headquartered in San Diego (Bravo) and Camp Pendleton (Alpha), we will have a scalable capability to deploy a robust medical and surgical operation in a very short period to respond to crises around the globe. In May, members from Navy Medicine Readiness and Training Command (NMRTC) San Diego embarked on USNS MERCY (T-AH 19) for Pacific Partnership 2022. This represents the first time that uniformed Sailors were sole sourced for this recurring mission from a single command.

As we continue to navigate sometimes heavy seas, please stay positive, embrace change and continue to strive for excellence. Most of all, take care of yourself and those around you as you are our most precious resource and a vital link to our success. I look forward to seeing you in the fleet.

Click on photos to link to original on DVIDS and [here](#) for more photos/articles from PP 2022



PEARL HARBOR, HAWAII (May 12, 2022) – Sailors render honors to the USS Arizona Memorial while manning the rails as the Military Sealift Command hospital ship USNS Mercy (T-AH 19) transits into Pearl Harbor, May 12. The ship is currently underway for Pacific Partnership 2022. Now, in its 17th year, Pacific Partnership is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific. (U.S. Navy photo by Mass Communication Specialist 2nd Class Jacob Woitzel)



PUERTO PRINCESA, Philippines (August 5, 2022) – Military Sealift Command hospital ship USNS Mercy (T-AH 19) sits at anchor upon its arrival off the coast of Puerto Princesa, Philippines, during Pacific Partnership 2022. Now in its 17th year, Pacific Partnership is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific. (U.S. Navy photo by Mass Communication Specialist 3rd Class Raphael McCoy)



Reserve Affairs Officer



Kelley Fox
CAPT, NC, USN
Reserve Affairs Officer

The Reserve Affairs Officer (RAO) serves in the Corps Chiefs' office as a conduit for information across the Active and Reserve Components and collaborates to provide the Reserve perspective on corps policy and practice. They serve as a facilitator for the RC Chief Nursing Officers and Specialty Leaders, and most importantly, keep the Corps Chief an informed decision-maker.

The RAO also collaborates with other Bureau of Medicine departments, such as manpower, training, and operations on issues that apply to the Nurse Corps. They also work closely with Centralized Credentialing and Privileging Department (CCPD) on credentialing and privileging matters as well as with Commander Naval Reserve Forces Command (CNRFC) on billet management in APPLY and JO APPLY.

Some of the RAO current projects are the Readiness, Relevance, and Resilience Strategic Goal Group initiatives which include updated readiness/credentialing policies and training on the value of resilient/mindful leadership. They also prioritize re-designation opportunities, processing more than 40 applications in the past 13 months. Lastly, the RAO prioritize officer career management, refine policies, and collaborate with the other corps to bring together a junior officer career management educational series.

As the current RAO, the role is gratifying as it allows me to meet and work with many talented people at BUMED and those throughout our Navy Reserve commands. It is inspiring to see how focused each of them is on supporting you! There is never a dull day in this role, but it is always a privilege to serve as the RC Nurse Corps advocate!

I look forward to our continued work together.



Check out the [Navy Nurse Corps Reserve Component](#) page on milSuite to connect, communicate, learn, and share resources specifically concerning Reserve Component Nursing.



Nurse Corps Personnel Planner



Kevan M. Mellendick
LCDR, MSC, USN

Planning for Promotions: What We Do and What You Need to Know

First and foremost, I would like to thank all of you wonderful Nurse Corps officers for welcoming me and setting me up for success as the new Nurse Corps Personnel Planner, particularly **CDR Melissa Burke**, my predecessor and current Director, BUMED N13. My background includes a bit of everything - clinical practice, research, and administration. I eventually landed at BUPERS-3 in Officer Community Management, where I greatly enjoyed the ability to impact all four corps. I have been focused primarily on Manpower and Personnel ever since.

For this article, I would like to share some details about a critical piece of personnel management: Promotion Planning.

At the most fundamental level, promotion planning is all about attempting to fill to vacancy. We forecast to have X total Nurse Corps (NC) CAPTs in the next year, we have Y NC CAPT billets, so we need to promote Y-X NC CDRs to CAPT.

Unfortunately, the process isn't quite that simple. A precise forecast of future manning is necessary to promote the right number of officers. Additionally, there are multiple, specific constraints on promotion opportunity, flow point, and time in grade.

~ Opportunity is the proportion of maximum allowable promotion selections to the number of in zone eligible officers.

~ Flow point is the average point in the career of officer promotions to that rank.

~ Time in grade is the number of years the officer has held his/her current rank. An officer is not eligible for selection unless they have completed at least 3 years' time in grade prior to the convening of the promotion board.

One overarching goal of promotion planning is to minimize variance over time in opportunity and flow point to avoid significant advantages/disadvantages to members in any single year.

To find out your zone status, you can start here: <https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/>. On the right-hand side, you can find a link for the promotion zone NAVADMIN. In that message, you will find for each rank and corps a set of three members to compare against.

Next, locate your lineal number from your Officer Data Card on BOL.

Nurse Corps (290X) *EXAMPLE*

Senior in-zone LCDR J. A. Doe 000012-00 1 SEP 2016

Junior in-zone - LCDR J. M. Anyone 000078-00 1 SEP 2017

Junior eligible - LCDR K. E. Whosit 000250-50 1 SEP 2018

Promotion Opportunity		Flow Point
50 +/- 10%	CAPT	21-23 yrs
70 +/- 10%	CDR	15-17 yrs
80 +/- 10%	LCDR	8-11 yrs
AFQ	LT	4 yrs
AFQ	LTJG	2 yrs
	ENS	

If your lineal number is greater than the Junior eligible member, then you will not be screened for promotion at this board. If your lineal number is between the Junior In-Zone and the Junior eligible, you are Below Zone. If your lineal number is between the Junior and Senior in-zone, then you are officially In Zone this year. If your lineal number is lower than the Senior in-zone, then you are in the Above Zone group. Below Zone can be considered a "free" look. Your record is screened for promotion, but non-selection is not recorded as a failure of selection (FOS).

To prepare for promotion screening, please check your record on BOL. If something is missing from your OSR, PSR, and/or OMPF, it will be missing when your record is presented at the promotion board. If you do find information missing, please reach out to Mr. Willard and me at usn.ncr.bumedfchva.list.personnel-plans-nc@health.mil. If you have education missing, please see: <https://www.mynavyhr.navy.mil/Career-Management/Education/Subspecialty/>.

To deeply understand what is valued at a promotion board, check the Community Briefs. These slides layout explicit career paths that track toward promotion, as well as the most valued achievements of a member when considering for promotion. They are the message to the members of the board as to what constitutes an officer who should be promoted. When thinking long-range about your Naval career, these few slides per corps provide a profound amount of information. You can find them here: <https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/Community-Briefs/>.

Thank you all so much for reading, and please remember these words of wisdom from the immortal Warren Zevon:

"Enjoy every sandwich."



Meet the New Policy and Practice Assistant Director



Jill Maldarelli-Drey
CAPT, NC, USN
Policy and Practice
Assistant Director

A native of Princeton, New Jersey, **Captain Maldarelli-Drey** graduated with honors from Marymount University with a Bachelor of Science in Nursing and was commissioned as an Ensign through the Direct Accession Program.

In the years that followed, Captain Maldarelli-Drey has served on active duty at a variety of locations including the National Naval Medical Center, Bethesda, Maryland, United States Naval Hospital Keflavik, Iceland, Naval Recruiting District New England, Boston, Massachusetts, Full-time Duty Under Instruction at the University of North Florida in Jacksonville, Naval Medical Center Portsmouth, Virginia, Naval Health Clinic Patuxent River, Maryland, Navy Personnel Command (NPC), Millington, Tennessee, Bureau of Medicine and Surgery (BUMED), Falls Church, Virginia and the Chief of Naval Operations (OPNAV) at the Pentagon.

In addition to her clinical background as a 1920P, Captain Maldarelli-Drey has been selected to serve in a number of non-traditional assignments ranging from

her time as a junior Lieutenant assigned to recruiting duty, followed by a tour as a detailer at NPC, and most recently as an Executive Assistant to RDML Via and RDML Gillingham.

As the new Assistant Director for Nurse Corps Policy and Practice, Captain Maldarelli-Drey is most looking forward to getting reacclimated with the Nurse Corps by working in collaboration with nursing leaders on the many challenges that Navy Medicine is facing today. As the direct uplink for Specialty Leaders, Readiness Strategic Goal Group, Clinical Nurse Specialist Advisory Board, and the Nurse Corps Competency Program, Captain Maldarelli-Drey's primary focus is to foster alignment with the Nurse Corps Strategic Goals of readiness, relevance and resilience, which in concert support the Surgeon General's mission of well-trained People, working as expeditionary medical experts on optimized Platforms, operating as cohesive teams demonstrating high reliability Performance, to project medical Power in support of Naval Superiority.

When Captain Maldarelli-Drey is not on duty, she enjoys time spent with her husband and their two daughters, and a little dog named Daisy. She enjoys cooking, baking, home decorating, reading, and time at the beach.

As a former detailer, Captain Maldarelli-Drey is always available for career guidance and mentoring in addition to matters pertaining to policy and practice. Please feel free to contact her by phone or via email.

POLICY

&



PRACTICE



Community Update: Psychiatric Mental Health (1930/1973)



Shirlene Sulatan
CDR, NC, USN
1930/1973 Reserve Specialty Leader

Our mental health nurses and psychiatric mental health nurse practitioners (PMHNPs) have continued to shine and perform exceptionally this past seven months. We provided critical support to those in need in Guam and at Okinawa Naval installations as well as other military treatment facilities and civilian and community healthcare institutions. 'Provide crisis-oriented care' is what we do daily. We keep warfighters ready by addressing and treating various mental health conditions from PTSD, severe depression, substance abuse, traumatic brain injuries to other psychiatric disorders/conditions, maintaining emotional health, and building resilience.

Health experts believe the effects of the pandemic impacted the mental health of our nation, particularly exacerbating anxiety and depression of the population. We see increased development of mood disorders and/or exacerbations of mental health conditions as the uncertainty lingers. These issues have long-term consequences on the mental health care delivery system

as a whole. Our roles as mental health clinicians and providers are more apparent during this time to help build and support resilience of our warfighters and within our military family. We engaged ourselves and others in self-care activities and promoted and supported other healthcare team members to decompress and develop resiliency.

The 1930 and 1973 Reserve Components (RC) continue to support their counterparts in dealing with staffing shortages in various platforms across the Navy. Furthermore, our Reserve members bring in their strengths from their civilian experience and engage in further inquiry and collaboration to promote many opportunities that bring our warfighters at the ready.

Six psychiatric nurse practitioners alone rendered over 776 clinical hours to fill a critical need for psychiatric mental health providers in NMRTC Guam from January 4 to July 8, 2022. Our Reserve officers were able to facilitate relationships with Guam Behavioral Health so our active duty service members' acute mental health needs can also be addressed locally and in a timely manner. Additionally, our PMHNPs were able to provide over 60 hours of preceptorship to active duty nurses who required much needed MH clinical requirement for DUINS application.

I am proud to serve as the current 1930/1973 Specialty Leader.

1930 and 1973 Accomplishments:

CAPT Johanna Mills is the current CNO and DMS of the EMF Camp Pendleton. She is also the Reserve Component champion for the Nurse Corps Strategic Goal Group on Readiness.

CDR Cristi Bundukamara is working with Spravato (esketamine) on a clinical research trial.

LCDR Adriane Alcalamoss is working with CNRFC/USFF Warrior Transition Program Group to look at potential course of actions for unit/IA redeployment transition programs post-Afghanistan and post-Expeditionary Combat Readiness Center.

LCDR Debra VanDyke facilitated learning and taught Expanded Operations Stress Control (EOSC) for the Fleet. She taught techniques to service members by utilizing EOSC principles and practices in order to mitigate and reduce stress arising from US Navy sailor duties and responsibilities.

LT Alan McNichols is working on a quality improvement project that addresses mental health concerns such as burnout and resiliency of Veterans Affairs mental health clinicians and providers from their associated workload in the COVID-19 pandemic.

LT Maria Ellis completed her DNP, which focused on a re-engineered approach to AHRQ's discharge phone call for heart failure patients.



Community Update: Emergency/ Trauma (1945)



David McDonald
LCDR, NC, USN
1945 Specialty Leader

Autumn Riddell
CDR, NC, USN
Assistant Specialty Leader

Greetings from the emergency/trauma nursing specialty leaders. The last 12 months have proven to be both challenging and rewarding for the nurses within our community. It is not surprising that these nurses met every challenge head-on, highlighting their readiness, relevance, and resilience, while skillfully caring for ill and injured patients during their time of need.

August of 2022 marked the one-year anniversary of the withdrawal of US military troops from Afghanistan. Members of the 24th Marine Expeditionary Unit, including **LT Andrew Chambers** and **LT Joseph Strahan**, staffed the shock trauma platoon outside the Hamad Karzai International Airport during their deployment to Afghanistan, and were called upon to provide care in the most chaotic of circumstances. Due to their diligent focus on maintaining the highest level of clinical skills, they were ready when the time came to treat the critically injured. Once the last of our medical assets returned home, there was a shift in requirements, where our personnel were then called upon to provide care to Afghan refugees during Operation Allies Welcome. Again, nurses from the emergency/trauma community responded and provided excellent care to this at-risk population.

With the shift away from the decade's long wars of the Middle East, Navy Medicine continues to adapt to new projected threats, and nurses from our community, including **CDR Heather Shattuck** and her team from the Trauma Strategy Management Office, are there paving the way. While most of you are familiar with the traditional hospital billets, new and exciting opportunities are on the horizon. Starting in October, the first Expeditionary Resuscitative Surgical System (ERSS) team will be heading to John H. Stroger Hospital of Cook County, where they will be embedded within the trauma center to train as a team and optimize readiness while they prepare for deployment. The ERSS team consists of one emergency/trauma or critical care nurse, an anesthesiologist, general surgeon, physician assistant, surgical technician, and a respiratory therapist. **LT Caroline Kivisto**, an emergency/trauma nurse, will be one of the plank owners, helping to build the foundation of this new program. It is anticipated that every year there will be a new team assigned to this ERSS, providing a unique opportunity at the Level 1 trauma center, ensuring clinical readiness is maintained at the highest level.

Meanwhile, at UPenn, **LT Hyun Na** has been embedded in the trauma center where she works with her Navy Medicine team alongside civilians both within the trauma center and providing pre-hospital enroute care. There are likely to be more unique billets like these in the future, so be sure to keep an eye out for advertisements from your specialty leaders and detailers.

It is more important now than ever to ensure we remain clinically proficient. In an effort to encourage professional development, lifelong learning, and clinical excellence among our emergency/trauma nurses we established an Education Work Team. **LT Ty Schallenberger** and **LTJG Matthew Benevides** led this effort and together they developed a resource guide for the 1945 community to outline professional development opportunities including conferences, online CE, resuscitative medicine courses, and operational/leadership courses relevant to developing our 1945 leaders. The team published online and in-person educational opportunities that will enhance community readiness and use of evidence-based practice, while being mindful of fiscal constraints. Visit our [milSuite page](#) where you can find the latest updates provided by the team.

Whether on a ship, in a tent, in the air, or in the traditional hospital setting, emergency/trauma nurses are there to provide care to the ill or injured. These nurses have risen to every challenge, remaining ready, relevant, and resilient during trying times. We are proud of the countless accomplishments of the nurses within our community over the last year and are excited to see what is to come over the next year.



Community Update: Emergency/ Trauma (1945) (cont'd)



Left to Right: LT Jarrett Darrah, Dental/Triage Officer; LT Joseph Strahan 1945, Shock Trauma Nurse; LCDR Ashley Griggs EM-PA; Battalion Surgeon, LT Matthew Jordan, ER Physician; LT Andrew Chambers 1945, Shock Trauma Nurse. This photo was taken directly outside of the passenger terminal on the flight line of Hamad Karzai International Airport where we processed over 114,000 evacuees, maintained a casualty collection point for daily medical operations and in support of the IED mass casualty on August 31, 2021. (Photo Released).



Pictured below Left to right: LT Andrew Chambers, HMC Gregory Hadley, CWO4 Sultan Hamzah, LtCol Patrick Williams USMC, CLB24 Commander. Amphibious exercise at Pinheiro de Cruz, Portugal. (Photo Released).



Left to right: HM2 Bock, LT Andrew Chambers, and HM1 Austin Blackwell. This is at the North Gate, one of two gates to HKIA where we routinely provided medical support/supplies to the infantry (line) Corpsmen supporting the Marines. It was not uncommon for us to provide aid to evacuees suffering from a variety of traumatic injuries when making our rounds. (Photo Released)



Shock Trauma Platoon deployed with the 24th Marine Expeditionary Unit. The flight line for HKIA can be seen directly behind. This is where the units position was compromised with the perimeter breach of 16 August 2021. 1945s LT Strahan and LT Chambers are both in this photograph with the STP of Combat Logistics Battalion 24. (Photo Released).



Emergency/ Trauma (1945) Around the World



Nurses bid fair winds and following seas to CDR Noelle Griffiths at her retirement ceremony aboard the USS Midway on 27 August 2022. Left to Right: LT Kristen Harrison, LT Cassandra Ruark, LT Pamela Resurreccion, LT Allison Fleer, LT Genevieve Theard, LT Micah Feigenbaum, CDR Noelle Griffiths, LT Matt Baskwell & LCDR Corey Fancher/ Released.



Left to right: - MIDN/2 Thomas Pearson and LCDR Charlie Pearson. The NATO contingent at Sigonella hosts an opportunity for personnel of NATO countries stationed aboard or deployed to Sigonella to earn the German Armed Forces Proficiency Badge (GAFPB) pronounced "Gaf Bee." It consists of the German version of the PRT, pistol marksmanship, water survival exercise, and a 12 km ruck march around the airfield. LCDR Pearson had the honor to be half of the only father-son team to ever participate at the Sigonella event. He qualified with his eldest child MIDN/2 Thomas Pearson, a Midshipman at University of South Carolina/ Released).



Pictured Left: U.S. Navy Lt. Chris Kelling, a trauma nurse assigned to Shock Trauma Platoon, 22nd Marine Expeditionary Unit (MEU), trains Finnish Navy combat medics from Logistics Company, Medical Platoon, on tactical evacuation care during joint medical training in Upinniemi, Finland, Aug. 15, 2022. The training was held to increase proficiency and strengthen mission readiness between U.S. Navy Corpsmen and Finnish Navy medics. U.S. Marine Corps photo by Lance Cpl. Tyler M. Raab/ Released

Source: <https://www.dvidshub.net/image/7372017/bilateral-tccc-and-shock-trauma-training>



Community Update: Emergency/ Trauma (1945) (Reserve Component)



Evangeleine Bates
CDR, NC, USN
1945 RC Specialty Leader

Jessica Kaser
CDR, NC, USN
Assistant Specialty Leader

Hello, Nurse Corps! The Reserve Component (RC) Navy Nurses of the 1945 community is a clinically diverse, deployment ready asset that is available to support any mobilization or active duty Navy command on short notice. Our 98-member RC nurses currently reside in 30 different states with one of our nurses living in Italy and drilling in Naples. Rank composition is as follows: 74% of our community is junior officers (LT and LCDR) with the remaining 26% commanders and captains. We currently have no Ensigns.

We wanted to take this opportunity to share some outstanding accomplishments and unique roles of our members. **CDR Gregory Zaryske**, assistant officer in charge of 4th Force Recon Co. currently residing in Hawaii, co-authored an article in Journal of Emergency Nursing titled *External Jugular Vein Peripheral Intravenous Catheters: An Emergency Nurses Guide*. **CAPT Lori Karnes**, a trauma and outreach educator, is member and co-chair of the Florida Emergency Nurses Association (FENA); member of trauma, pediatric, and injury prevention committees; and a Florida state delegate at National ENA Conference in Denver, CO. **LCDR Sarah Freeman** is a subject in a research study titled *Nursing on the Ocean Blue: Navy Aircraft Carrier, Fleet Surgical Team, and Hospital Ship Nurses' Response to COVID-19*. Additionally, she

completed her MSN in Clinical Research (2019) and now resides in North Carolina working for Contact Research Organization (CRO) in a Pfizer vaccine study. **LCDR Joe Cavanaugh** completed a 45-day training evolution at sea as the ship nurse on board the State University of New York maritime training ship Empire State, supporting the training pipeline for naval officers attending the Strategic Sealift Officer Program and Military Sealift Command (MSC). LCDR Richard Clapp has multiple roles within his civilian community. He is a Doctor of Nursing Practice (DNP) prepared assistant professor at Eastern Illinois University nursing school. He is an APRN at Union Hospital, and an ED/trauma nurse at a local emergency department. He completed two quality improvement projects *Nurse Driven Protocol to Reduce Unnecessary Telemetry Use and Evidence Based Protocol for Administering First Dose of IV Cephalosporins via IVP in the ED*. The former was published in MEDSURG Nursing while the latter was published in the September 2022 issue of the Journal of Emergency Nursing. He is currently working on a project titled *Reducing Use of PRN IV Antihypertensive Medications: Implementation of a Nursing Focused Educational Intervention*.

Bravo Zulu to all these nurses for their many accomplishments, and to all our other nurses of 1945 Reserve Community who continually prioritize individual mobilization readiness and clinical sustainment all while balancing demanding civilian jobs and Navy Reserve leadership roles. It is such an HONOR and PRIVILEGE to work among such amazing naval officers!



Community Update: Critical Care (1960)

Spotlight on NMRTC San Diego - Ready, Relevant and Resilient in 2022

Article by: LT Schless and LT Escobar



Chantel Charais
LCDR, NC, USN
1960 Specialty Leader

Darcy Guerricagoitia
CDR, NC, USN
Assistant Specialty Leader

Critical Care Nurses at Naval Medical Readiness and Training Command San Diego (NMRTC SD) have many opportunities to support Navy Medicine's mission to *"provide well-trained people, working as expeditionary medical experts on optimized platforms"* and the Navy Nurse Corps mission of Ready, Relevant and Resilient.

Leadership development opportunities abound and include augmenting as the Nurse of the Day, influencing bed capacity and informing command leadership on the occurrences in the hospital, as well as serving in leadership roles within the Combined Endoscopy Center, Pulmonology, Oral Maxillofacial Surgery, and Naval Air Station North Island clinics. For clinical support, critical care nurses reinforce the medical-surgical telemetry unit allowing for sharing of skillsets and broadening of knowledge. Additionally, 1960 nurses support the Pediatric Intensive Care Unit which provides a more diverse experience in anticipation of operational or overseas tours. Optimizing opportunities, an experienced critical care nurse was selected to provide support to the cardiac catheterization lab.

To maintain high acuity critical care skills and sustainment, NMRTC SD collaborates with Kaiser Permanente and the Veterans Affairs hospital for RNs to obtain a variety of high acuity patient care experiences ensuring our nurses are ready to meet the mission of any platform. Four nurses, **LT Kevin Burke**, **LTJG Zachary Coddington**, **LTJG Stacey Letchworth** and **LTJG Julio Marioni** have participated in the rotation expanding their critical care expertise.

NMRTC SD ICU supports the mission of operational colleagues from 1st Medical Battalion, Fleet Surgical Teams, and USAF reserve nurses and medics through the maintenance of knowledge, skills, and abilities. Additionally, NMRTC SD supports nurse exchange with NMRTC Camp Pendleton to provide complex and diverse experiences. Recently, **LT Elizabeth Bracewell**, **LT Alexander Korotayev** and **ENS Bernadette Romero** were provided the opportunity to train for disasters at sea with the Undersea Rescue Command demonstrating the utility in providing prolonged care after rescue.

NMRTC SD maintains the only Extracorporeal Membrane Oxygenation (ECMO) program at a Navy Medicine facility. In 2022, four patients were successfully cannulated. In partnership with University of California, San Diego, five critical care nurses, **LT Laila Schless**, **LT Chelsea Clark**, **RN Roberto San Juan**, **RN Mike Defries**, and **RN Jason Rualo**, attended didactic and high-fidelity simulation training to continue to grow and expand the NMRTC SD ECMO program. Another key program in development is the Vascular Access Team Program initiative to train staff in the use of ultrasound guided access as well as establish and expand access capabilities throughout the command. NMRTC SD critical care nurses continue to strive for operational readiness and high-quality patient care through clinical sustainment and training on a wide array of knowledge, skills, and abilities.



Back row L-R: LT Sankey, LTJG Deaton, LT Hahn, LCDR Mondloch, LT Cooper, RN Truesdell, LTJG Jacobs, LT Reyes. Front row L-R: LT Schless, CDR Limtiaco, Photo taken by: HM2 Tanner at NMRTC SD ICU/ Released.



Back row L-R: RN Roberto San Juan, RN Jason Rualo; Front row L-R: LT Laila Schless, LT Chelsea Clark, RN Mike Defries, Photo taken by: Cassia Yi at Jacobs Medical Center at UCSD Health during ECMO "Train the Trainer."/ Released.



"The Rock and the Pin: My Unique Route to the SWMDO Pin."

Submitted by: LCDR Sharon Hoff, NC, USN

"The rock and the pin HM1...the rock and the pin". Those were the words CAPT Daniel "PROZAC" Prochazka said to our HM1 as we took the attached photograph while sailing through the Straits of Gibraltar. The photo serves to commemorate that during the BALTOPS 2022 mission, CAPT Prochazka certified that I met the requirements necessary to wear the Surface Warfare Medical Officer (SWMDO) pin. This was a first for both the ship, and the Nurse Corps. The USS MOUNT WHITNEY does not have permanently embarked Nurse Corps Officers nor does the Navy have afloat billets, outside of the hospital ships, for Family Nurse Practitioners.



LCDR Sharon Hoff with Captain Dan Prochazka after earning her SWMDO pin/ Released.

There are strict requirements for how Nurse Corps officers are able to earn the SWMDO pin. Typically, you have to be a billeted crew member of a USS or USNS ship, or a FST for 12 months. Waivers for this time requirement are hard to come by and are considered on a case-by-case basis by the respective fleet surgeon. I accompanied the USS MTW as the Senior Medical Officer (SMO) for three separate missions over the last year but was not part of the crew for 12 months, I am actually stationed at NMRTC Rota.

My path to earning my qualification was quite different than most. I served as the SMO for Aegis Ashore Poland for 14 months prior to arriving in Spain. As part of the requirements for this billet, I attended the SWMDO class for two weeks and learned of the nuances required of a medical department officer aboard a ship. Following this class, I completed the Aegis Ashore Poland tour. The ashore part of my SMO tour was the largest challenge to obtaining the SWMDO certification, but as we were a SURFLANT and not BSO 18 asset, our medical department was required to comply with all the same program requirements as any other surface medical department. Just imagine a ship at the pier, except our clinic was a ship's medical clinic that landed on a pier in the middle of Northern Poland. My tour with Aegis Ashore was Type II sea duty. However, it was during three separate TAD missions aboard the USS MOUNT WHITNEY that I completed the watch standing and PQS requirements of the certification.

Completing these requirements had me interacting with Sailors and civilian mariners (CIVMARS) from every department on the ship. The CO even seemed to enjoy his part in my working towards the pin letting me know *"it would be a great shift for me to be the OOD from the 2200-0300"* our first night in Stockholm. To be fair, it was a lot of fun. I was certainly on a compressed timeline to obtain all of signatures and knowledge required to complete the PQS and sit in front of the board, but I did not let that stop me. I quizzed officers in the wardroom over meals, I joined in every enlisted surface warrior training, and climbed through every scuttle in engineering from our boilers to the rudder. The ship's hybrid crew of Navy and MSC had a wealth of experience, and I believe my previous underway time allowed me to hit the ground running during this last mission. It was truly a team effort, and I cannot thank TEAM 20 enough.

The opportunity to complete my SWMDO pin was a personal goal and something I am extremely proud of completing. The Nurse Practitioner community has the drive and ability to serve in multiple operational platforms and hopefully I am the first of many Navy nurse practitioners who will qualify for this pin after serving in surface billets providing the world class care we are known for to our Sailors.



“NMRTC Rota Maternal, Infant Care Unit, Awarded DAISY Team Award”

Submitted by: LT Andrew Greene, NC, USN

August 27th marks the one-year anniversary of the arrival of the first wave of Operation Allies Refuge (OAR) evacuees. Over 800 travelers arrived that first day. NMRTC Rota nurses would conclude the mission by providing care to over 2400 refugees before the last plane left. The nurses of the Maternal Child Infant (MCI) unit were awarded the Daisy Team Award this year during 2022 Nurse’s Week for their contributions. Attached is the nomination write up highlighting their teamwork.

Patients consistently remark that the Nurses and Corpsmen from the MCI provide a meaningful and special delivery experience. Many of their staff have received multiple Daisy Award nominations describing how patient centered their care was. During OAR, their team efforts personified Navy values of Honor, Courage, and Commitment to an extremely vulnerable population of 2,483 evacuees in numerous ways. In the evacuees’ time of need, the MCI team made immediate impacts by collaborating with camp construction crews to create culturally appropriate lactation stations and child friendly areas for the Afghan mothers, providing daily lactation consultation for breastfeeding mothers at the camp. Their expertise aided the Red Cross and improved donation, collection, and distribution of infant formula to provide age-appropriate formula to families who had to leave without provisions or possessions. The team facilitated obstetric ultrasound evaluations in order to ensure safe air travel and vaccine administration for 48 pregnant Afghan mothers. MCI was active at both the hospital and the Base Aid Station in triaging and treating pregnant women. The team assessed and alleviated nausea, dehydration, and constipation experienced by the pregnant women, and they collaborated with the pharmacy to administer safe and effective medication treatments. Several mothers were afraid of fetal harm after being bumped and pressed by the crowds at the Kabul airport gates, the team facilitated Non-Stress Test evaluations to verify fetal wellbeing for these women. Additionally, the MCI team’s speedy response at the Base Aid Station, ensured the safe transfer of a laboring mother and assisted in the deliver a healthy baby at the hospital.

The stories of their efforts in Operation Allies Refuge/Welcome only highlight what this team does every day to make Every Experience Matter. Their efforts reflect the best of the Navy Nurse Corps and Hospital Corps.



From left to right: LT Sindy Eugene, LT Samantha Toney, LT Julianna Umbehrr, LCDR Sara Edmondson, LT Eloise Bacon and LCDR Alexis McDermott/ Released.

[Click here to visit The Daisy Foundation](#) to learn more.



Reservist Wins Arizona Nurse of the Year

Submitted by: LT Ronald Rollon, EMF Camp Pendleton, Nurse Corps Detachment Leader

The organization Society of Forty Men and Eight Horses found its origin from American Legion member Joseph Breen in 1920. Breen envisioned a new and different level of elite membership and camaraderie. The organization was so named La Société des Quarante Hommes et Huit Chevaux (The Society of Forty Men and Eight Horses) from the French Army box cars used to transport American soldiers to the Western front during World War I. Each car had "40--8" stenciled on the side, meaning that it could carry 40 men or 8 horses. One of its charitable causes is the Forty and Eight Nurses' Training Program from which scholarships are awarded to people desiring to become nurses or nurses who are pursuing further training.

On September 11, 2022, **Lieutenant Meredith Hicks** was awarded Arizona Nurse of the Year by 40 & 8 La Societe des Quarante Hommes et Huit Chevaux for her outstanding achievements in nursing. The strength of her accomplishment is reflected on the further submission of her recognition to the National level!



LT Hicks, centered on left, receives her award from 40 & 8 La Societe des Quarante Hommes et Huit Chevaux members David Kruppa (far left) and Rich Swise (right). 40 & 8 organization logo above/ Released.

LT Hicks was originally from San Diego, California. Her father was an engineman in the United States Navy and her mother was an immigrant from Scotland. Their influence pushed her to commission as a Nurse Corps officer in the United States Navy. LT Hicks is a perioperative nurse and vascular surgery clinical coordinator at Southern Arizona Veterans Hospital in Tucson, AZ. LT Hicks shares significant achievements along with her Reserve members to include 15 years of perioperative experience and her compassion for her patients through provision of individualized care, expression of kindness, and promotion of evidence-based practices.

She is a certified perioperative registered nurse (CNOR) whose latest volunteerism led her to Hospital De Sula in Honduras to offer perioperative assistance.



Global Health Engagement on the Horn of Africa

Submitted by: LCDR Karen Downer, US Naval Hospital Okinawa

Global Health Engagement (GHE) is an important strategic function of the Military Health System and the Department of Defense. It is also one of the most rewarding activities Navy Nurse Corps officers can experience. As a Navy Public Health nurse and Global Health Specialist on temporary assignment to Camp Lemonnier's Expeditionary Medical Facility (EMF) COVID Task Force, I had the opportunity to work with **U.S. Army Lt. Col. (LTC) Rhonda Dyer**, a Civil Affairs-Africa functional specialty team public health nurse, who was starting an information exchange at the Dar El Hanan Hospital in Djibouti City, Djibouti. The information exchange is designed to teach infant and adult Basic Life Support and maternal and infant health care topics. LTC Dyer, in collaboration with Dar El Hanan Hospital's Medical Director, developed a targeted instruction program with volunteer instructors including myself and Navy hospital corpsmen from the COVID-19 Task Force. Our several weeks at Dar al Hanan were extremely gratifying, with a few unanticipated challenges as well. We encountered a translator not trained in medical terminology, medical terms common in the U.S., but not used in Djibouti, and the need to carefully craft exam questions to properly assess student skill attainment. Identifying and adapting to these kinds of challenges are skills you get to exercise when engaged in GHE efforts. In addition, helping to support improvements to the local health systems capabilities provides Navy medical personnel with a unique insight into a partner nation's culture, customs, and operations to improve communication and future collaboration.



HM1 Blain Jackson instructs BLS with LTC Rhonda Dyer. Photo by LCDR Karen Downer/ Released.



LCDR Karen Downer discusses BLS with student. Photo by Staff Sgt. Thomas Johns/ Released.

From a GHE perspective the knowledge exchange was highly successful. Our Navy corpsmen were able to get a taste of GHE and were instrumental in expanding the number of instructors to have better small group experiences for the students. The Djiboutian nurses enjoyed the course and felt like they learned a lot, they were also pleased with the course certificates. Not only did this program improve nursing knowledge at Dar al Hanan Hospital, it has opened doors to additional informational exchanges for the U.S. in this strategic African nation.

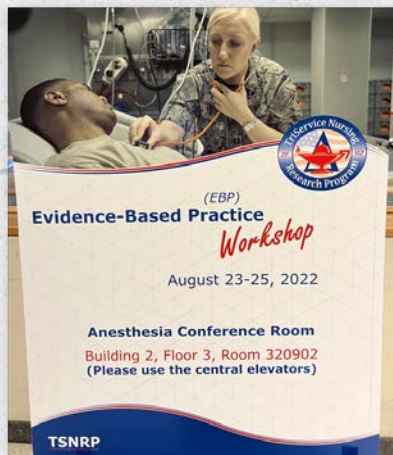


Instructors and students at Dal al Hanan Hospital holding certificates of completion - July 2022. Photo by Staff Sgt. Thomas Johns/ Released.



NMRTC Portsmouth Hosts a Tidewater Evidence-Based Practice Workshop Supported by the TriService Nursing Research Program

Submitted by: CDR Melissa Troncoso, NMRTC Portsmouth



The Nursing Research and Consultation Services Department at NMRTC Portsmouth hosted a 3-day TriService Nursing Research Program (TSNRP) Evidence-Based Practice (EBP) Workshop for the Tidewater market August 23-25, 2022. Forty-four Navy, Air Force, and Army service members attended, representing nursing, medicine, and ancillary staff.

Day 1 was geared toward EBP coaches—clinical nurse specialists, advanced practice registered nurses, and healthcare personnel coaching EBP teams. EBP coaches assist point-of-care clinicians in enhancing their knowledge and beliefs about the value of EBP and implementation. The workshop instructors presented several topics, including the importance of EBP coaching, change theory, coaching skills, how to avoid common pitfalls to EBP implementation and dissemination, and command resources.

Day 2 was a full-day intensive of the EBP process. Workshop instructors reviewed the seven steps of EBP: 1. Cultivate a spirit of inquiry; 2. Ask clinical questions in the patient, intervention, comparison, outcome and time (PICOT) format; 3. Search for the best evidence;

4. Critically appraise the evidence; 5. Integrate the evidence with clinical expertise, patient preferences, and values; 6. Evaluate outcomes of practice decisions/changes based on evidence; and 7. Disseminate EBP results. Participants worked in groups to develop their PICOT questions, conduct a literature search, appraise an article, and plan the next steps to develop their initiative.

Day 3 targeted staff in leadership roles at military treatment facilities. Workshop instructors presented critical information about resources and support required from healthcare leaders to foster a spirit of clinical inquiry and ensure successful EBP efforts within their organization. Research suggests that leaders must dedicate resources and demonstrate support to create a culture for EBP sustainment.

This EBP Workshop resulted in renewed enthusiasm for EBP amongst leaders in military medicine, an appreciation for and an understanding of EBP for novice attendees, and 15 initiatives. Some of these initiatives are transdisciplinary and inter-Service, which support the goal of EBP within the military health system. The NMRTC Portsmouth EBP and Research Council will provide accountability to the initiative leaders to support the implementation and dissemination of these critical initiatives.

Thank you to TSNRP and the EBP Workshop Instructors: Dr. LeAnne Lovett-Floom (EBP Facilitator, TSNRP), Dr. Rebecca Heyne (EBP Facilitator, TSNRP), Ms. Lisa Eblen ((Librarian, NMCP), Ms. Tracy Shields (Librarian, NMCP), Major Kelley Henson (Director of Operations, Healthcare Operations Squadron, Joint Base Langley-Eustis) **LCDR Shawna Grover** (Nursing Research, NMRTC Portsmouth), and **CDR Melissa Troncoso** (Nursing Research, NMRTC Portsmouth). For more information on TSNRP resources, including the call for abstracts (September 15, 2022 – December 9, 2022) and the Hybrid Research and EBP Dissemination Course (April 4-6, 2024), visit the [TSNRP website](#).



Photo taken by CDR Melissa Troncoso at NMRTC Portsmouth on 25 August 2022/ Released.



Naples' nurses honor their new Commanding Officer, Captain Justice Parrott, NC, USN.

Article written by: LT Taylor Scott, Division Officer Medical Service Ward/ Ambulatory Procedure Unit, NMRTC Naples



LT Taylor Scott, NC, USN

Captain Justice Parrott (pictured to the right), Commanding Officer, Naval Medical Readiness Training Command (NMRTC) Naples, arrived head first into his leadership position with deliberate humility. In addition to his extensive leadership responsibilities, Captain Parrott carves out time to practice anesthesia. Every quarter, he provides anesthesia care for one week in the operating room as a Certified Registered Nurse Anesthetist, closely working with the operating room staff to provide patient-centered quality care. When asked why he continues to practice anesthesia, Captain Parrott replied, *"I am a nurse. I enjoy caring for patients and practicing anesthesia. Whether it is one-on-one patient*



CAPT Justice Parrott, NC, USN

care or leading many sailors as the Commanding Officer, they are both the same thing and very important to me."

CAPT Parrott created the Individual Readiness Model as a tool to maintain readiness in life. The individual readiness model contains 3 types of readiness:

1. **Professional Readiness:** where one maintains their skills as a clinician.
2. **Vocational Readiness:** where one maintains milestones in their career such as physical fitness, medical readiness, and deployment status.
3. **Social/Emotional Readiness:** where one continues to mentor, learn, and seek out opportunities and experiences.

"Everyone is a clinician regardless of their position in this field. We must all maintain our knowledge, skills, and abilities because we never know when we will be called into action as military providers and we must always lead from the front. Readiness is how we do it, but at the core, it is caring for patients."

When asked why CAPT Parrott decided to go into leadership and executive medicine, he replied that one of his mentors, Dr. Jose Acosta, told him, *"Since you enjoy caring for patients, right now as a clinician, you may care for hundreds. But as a leader in executive medicine, you can care for thousands."*

In addition to being the first hospital corpsman to successfully challenge the Licensed Practical Nurse Certification, he has also become the first Nurse Corps officer to command at NMRTC Naples. Captain Parrott has set the bar high for future commanding officers and he has shown his team that he is humble, respectable, and compassionate for each and every shipmate under his leadership.

Submitted by: CAPT Brosinski, NC, USN, Director for
Nursing Services, Chief Nursing Officer, NMRTC Naples



*First hospital corpsman to successfully challenge the Licensed Practical Nurse Certification!
First Nurse Corps officer to command at NMRTC Naples!*

Bravo Zulu, CAPT Parrott!



TriService Nursing Research Program Writing Workshop/Grant Camp

Article written by: LT Dehussa Urbietta, DNP, CPNP-PC, FNP-C

Navy Nurses attended the TriService Nursing Research Program (TSNRP) Grant Camp and Writing Workshop this July in San Diego, CA. Grant Camp is a hands-on course designed for novice nurse scientists, graduate nursing students, and nurse researchers who plan to submit an evidence based practice or research grant application. Attendees gain a comprehensive understanding of the grant writing process while receiving personalized faculty feedback. The primary goal of this course is to promote scientifically sound research that aligns with the priorities of TSNRP which include Force Health Protection, Nursing Competencies and Practice, as well as Leadership, Ethics, and Mentoring. Navy Nurse attendees further refined their projects related to the effects of acupuncture on perceived stress, improving Role II Light Maneuver elements, the use of surgical cut suits in high fidelity trauma training, the effectiveness of propofol and diprivan on multiple freeze-thaw cycles, centralization of multidisciplinary musculoskeletal injury treatment, family communication during deployment and its impact on readiness, and patterns of parenting stress in Navy parents.



Grant Camp

Front Row from Left to Right: LT Dehussa Urbietta, LT Erica Monsees, CDR Melissa Troncoso, LT Olivia Peduzzi, CDR Jane Abanez, LT Destanie Hoppe, LCDR Justin Hefley, CAPT (Ret.) Catherine Wilson Cox.

Back Row: CAPT (Ret.) Janet Pierce

The TSNRP Writing Workshop is a hybrid course that offers military nurses of all levels the opportunity to develop a scholarly writing project (i.e., manuscripts for publication, Clinical Practice Guidelines, Grant Proposals, and other scientific products) to advance the science of military nursing. Nurses are assigned experienced and well-published nurse scientist mentors who closely match their specialty and project type. Course attendees are provided individualized mentorship throughout this course to develop writing skills, discuss best practices for submitting a paper, and ultimately improve the quality and quantity of nursing publications. Navy Nurses further developed their projects focusing on service member eating behaviors, Maternal and Neonatal Outcomes during COVID-19, perceptions of well-being among Navy Nurses, prevention of pressure injuries, propofol stability in austere environments, evaluation of the Racial and Ethnic Approaches to Community Health program as it relates to pre-diabetic patients, and improving readiness through the Navy Tactical Combat Care Course.

All military nurses have access to TSNRP's Resource Center for Excellence in Nursing. The Resource Center provides the infrastructure and funding in support of military nursing research and evidence-based practice initiatives. Some of these resources include access to individualized mentorship, statistician support, textbooks, software licenses, and EBP Facilitator consultations. For resource requests, Navy Nurses can visit www.triservicenurse.org for more information.



Writing Workshop

Front Row from Left to Right: LCDR Shawna Grover, LCDR MaryPat Tobola, LCDR Sheila Sweeney, LCDR Kami Tabor, LT Alaina Crotty, LT Dehussa Urbietta.

Back Row: CDR Melissa Troncoso, LCDR Justin Hefley, CAPT Abigail Marter Yablonsky, LCDR Brandi Gibson.



Nursing Beyond the Bedside: Global Medic 2022

EMF GREAT LAKES ONE

Submitted by: LCDR Kristin Leone, EMF Great Lakes, Nurse Corps Detachment Leader

Fort McCoy, Wisconsin: On August 6th, 2022, among the 213 Navy personnel, 57 nurses arrived at Combat Support Training Exercise Global Medic to prepare and train for a joint service medical exercise that is designed to “provide a stress-test on medical and administrative capabilities of the Expeditionary Medical Facility (EMF).” Conducted operational capabilities included patient regulation, care, sustainment, and movement. Many of the nurses who attended this year’s field event for EMF Great Lakes had not yet deployed; however, experienced their first field training environment akin to deployment. This was their first opportunity to work with the U.S. Army, Air Force, and Marine Corps. Navy nurses worked in a field hospital on various units such as Casualty/Receiving, Operating Room, Medical-Surgical, and Intensive Care areas. They also performed patient transport under a simulated austere environment. Some of the field medicine training they received included loading and unloading a Front-Line Ambulance (FLA), safety and communication in a landing zone when receiving/transferring patients, suturing, radiography, rickshaw/litter use, mass casualty events, and care to military dogs.

In addition to field medicine training, Reserve Navy nurses also had the opportunity to attend and complete the Tactical Combat Casualty Care Course (TCCC). In this exercise, 19 nurses completed the course. Global Medic allowed nurses to practice life saving techniques and strategies for battlefield care in conjunction to teaching the hospital corpsman as well. Nurses taught various types of medical equipment such as the Belmont, arterial lines, and chest tubes. They also taught various skills such as venipuncture, blood draw, screening for urinary tract infections, completing a patient assessment and history, and roles and responsibilities during a code.

Lieutenant Sara Ringle attended Global Medic three times, participating in different roles each time. When she was asked what she learned at Global Medic this year that she was taking back to her civilian job she replied, “*Learning to get comfortable being uncomfortable*”. Many of the nurses who attended Global Medic for the first time stated that in addition to learning new clinical skills, they were taking back lessons in leadership, teamwork, “*looking at the big picture*”, communication, flexibility, and adaptability to their civilian jobs.

Global Medic provides tremendous opportunities to nurses seeking to push themselves beyond the environment they are used to working in. One should not let the fear of never having participated in a field exercise sway them from attending. Each individual will be prepared and supported before and during the exercise. It will be up to them to take the lessons they learn and apply them. Navy nurses are always ready!

Exercise moulage below create realistic injuries to prepare participants for simulated scenarios/ Released.



Participants performing litter bearing training/ Released



(Left to right) LT Cook, LCDR Davis, and LTJG Montbrand are learning canine anatomy and airway management/ Released.

An Education on Health Care Regulation

Submitted by: CDR Stuart R. Hitchcock, PhD, JM, RN, CNOR Walter Reed National Military Medical Center



National Harbor, MD (5Dec2019): Photo of CDR Hitchcock at the 2019 AMSUS Annual Meeting at the Gaylord National Resort & Conference Center. Naval Medical Center Portsmouth Won Multiple High Reliability Awards and was being recognized for their accomplishment/Released. Original posting can be found on [DVIDS](#).

Health care regulations are rules that are created by governmental agencies under the authority of Congress that are necessary to regulate and enforce public policy. These regulations are not law but have the force of law, which means they define what the courts use as a basis for determining health care rights and legal obligations. Health care regulations are necessary to and applicable to physicians, nurses, medical directors, and health care facilities in order to ensure they provide safe and effective care.

Some important health care regulations include the No Surprise Act, the Hospital Readmissions Reduction Program (HRRP), the Health Insurance Portability and Accountability Act (HIPAA), the Emergency Medical Treatment and Active Labor Act (EMTALA), the Patient Safety and Quality Improvement Act (PSQIA), the Affordable Care Act (ACA) and more. These regulations are enforced by federal, state, and local agencies. Violations can result in civil and criminal penalties of up to \$1.5M and imprisonment for up to 10 years. This will vary on the nature and extent of the violation, if it was accidental, intentional or negligent and may include the need to pay restitution.

As the leader of a large and diverse department I thought that it was important for me to learn more about health care regulation and law in order to round out my education and experience with Employment and Labor Laws, the Uniform Code of Military Justice, and Occupational Health and Safety regulations. As a result, I earned a Juris Master in Health Care Regulation this year. The curriculum included first year Juris Doctor law courses in addition to classes on pharmaceutical and financial crimes, torts, and medical malpractice. If you would like to learn about my experience, I can be reached by [email](#). To learn more about the health care law and regulation, visit <https://www.hhs.gov/regulations/index.html>.



Burnout Prevention Through Stress Reduction and Resilience

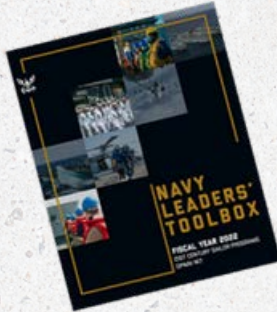
Submitted by: CDR Brandon K. Wolf, NC, USN, NMRTC Bremerton

Nursing is a high stress profession that is subject to burnout. The Navy values it's Nurse Corps professionals and is committed to providing resources and strategies to reduce work induced stress and prevent burnout.

A group of your Nurse Corps colleagues has collected and housed resources to assist you with reducing workplace violence, empowering you with communication skills and strategies to utilize with your co-workers, patients, and patient's families, including stress reduction measures in crisis care, navigation strategies from novice to expert and back, tools to assist you with measuring and communicating task load expectations, and leadership development resources.

It is our hope that the resources provided in this toolkit will arm you with practical,

tangible methods to reduce the stress commonly experienced by nursing professionals and provide you with resources in acute stressful situations and throughout your Navy Nursing career.



The ToolKit can be accessed via NC MilSuite Landing Page under the "[Navy Nurse Corps Strategic Goal Groups](#)" hyperlink.

FY 23 Strategic Goal Groups

The Navy Nurse Corps Senior Leadership Team and Chief Nursing Officers met for our annual Strategic Planning the week of Sept 26, 2022. We reviewed our accomplishments from this past fiscal year and planned the way forward for FY23. We will continue to align with the Surgeon General's Strategic Priorities of: People, Platforms, Performance and Power with the Nurse Corps Strategic Goals of Readiness, Relevance and Resilience.

FY23 Goal Group Objective Statements

- Readiness: Ensure the employability of the nursing force to meet the clinical and leadership demands of assigned missions.
- Relevance: Partner with stakeholders to optimize and communicate nursing force capability to support National Defense Strategy.
- Resilience: Instill and prioritize a culture of mindful leadership to develop and empower a resolute and assured nursing force.

Applicants must submit the following NLT 31 OCT 2022:

****Documents not meeting the below criteria will be sent back to the originator for correction****

- Complete Nominations will include the following:
 - Letter of Intent which follows this document (1 page limit)
 - CV (2 page limit)
 - BIO (1 page limit)
- Include first and second choice for the goal group you desire to be placed into.
- Strategic Objective Team members from last year may apply for this year; please indicate the nature and extent of you previous involvement.
- Please also indicate in your letter of intent if you would be willing to serve as a Goal Group Leader
- Please CC your CNO or equivalent for situational awareness
- *Scan above documents into a SINGLE PDF for submission to the Goal Group Champions. Include all appropriate (AC vs RC) Champions on the email for the goal group(s) you are applying.*

Goal Group	Champions	Email Address
Readiness	CAPT Carmen Brosinski (AC)	Carmen.m.brosinski.mil@health.mil
	CDR Bond Henry (AC)	Lawrence.b.henry4.mil@mail.mil
	CAPT Jon Skelton (RC)	Jon.skelton2.mil@us.navy.mil
Relevance	CAPT Karen Belcar (AC)	Karen.a.belcar.mil@health.mil
	CAPT Bambi Pish-Derr (RC)	Bambi.l.pishderr.mil@us.navy.mil
	CAPT Darryl Sol (AC)	Darryl.b.sol.mil@health.mil
	CDR James Ketzler (AC)	James.a.ketzler.mil@health.mil
Resilience	CAPT Tim Brender (AC)	Timothy.p.brender.mil@mail.mil
	CAPT Shawna Miller (RC)	Shawna.d.miller.mil@us.navy.mil
	CAPT Maryellen Wetmore (RC)	Maryellen.v.wetmore.mil@us.navy.mil
	CDR Stacy Stats (AC)	Stacy.stats@usmc.mil



BRAVO ZULU!



Certifications

LTJG Simon Choi, WRNMMC, earned adult critical care nursing certification (CCRN-Adult).

LTJG Elohor P. Okoko, WRNMMC, earned medical-surgical nursing certification (CMSRN).

LT Jose Tolentino, NMRTC Camp Pendleton earned Certified Flight Registered Nurse (CFRN).

LT Michael Andrews, NMRTC Jacksonville, earned his emergency nursing certification (CEN).

LTJG Kaci English, NMRTC Camp Lejeune, earned inpatient obstetrical nursing certification (RNC-OB).

LT Linnea Leonard, Bravo Surgical Company, 3d Medical Battalion, earned CMSRN.

LT Traci Vose, NMRTC Jacksonville, earned CCRN-Adult.

LT Elizabeth Casey, NMRTC Jacksonville, earned CCRN-Adult.

LT Rowena Benedictos, USNS MERCY (T-AH 19), earned CEN.

LTJG Samantha McLaughlin, NMRTC Okinawa, earned RNC-OB.

LT Alan McNichols, NR NMRTC San Diego, earned psychiatric mental-health nurse practitioner certification (PMHNP-BC).

LT Anthony P. DeSomma, NMRTC Portsmouth, earned CMSRN.

LT Minghao Ji, NMRTC Guam, earned CEN.

LCDR Lani Kuhlrow, NMRTC Camp Lejeune, earned Certified Registered Nurse Anesthetist (CRNA).

LTJG Maureen Mukoko, U.S. NMRTC Guantanamo Bay, earned CMSRN.

LT Nikka Bianca De Leon, Captain James A. Lovell Federal Health Care Center, earned progressive care nursing certification (PCCN).

LTJG Victoria Le, NMRTC Jacksonville, earned CMSRN.

LT Kimberly Kramer, NMRTC Jacksonville, earned CMSRN.

LCDR Eric Sanchez, NMRTC Portsmouth, earned CRNA.

Education

LT Alan McNichols, NR NMRTC San Diego, earned his Master of Science in Nursing Psychiatric Mental-Health Nurse Practitioner (PMHNP) from Univeristy of San Diego.

LT Stephanie Seligman, NR 4th Medical Battalion Surgical Company A, earned her Master of Science in Nursing Leadership from Webster Univeristy.

BRAVO ZULU!

Recognition

On behalf of RDML Kuehner and the Nurse Corps Front Office, we would like to congratulate the following Navy Nurses who have been competitively selected to serve as the next Chief Nurse Officers for two of our Marine Corps Medical Battalions:

CDR Suzanne Fierros- 2nd Medical Battalion
CDR Cameron Mathie- 3rd Medical Battalion

I am certain they will do a phenomenal job continuing the efforts their Predecessors (**LCDR Workman-2D Med** and **CDR Starnes-3D Med**) have initiated with our expanding USMC assets.

Please join me in congratulating your colleagues on a job well done!

~CAPT Paul A. Loesche, NC, USN
Deputy Director

On behalf of RDML Kuehner and the entire Senior Nurse Corps Leadership team, it is our distinct pleasure to congratulate

CDR Melissa Troncoso, NC, USN, NMRTC Portsmouth,

on her selection as the new Assistant Specialty Leader for the 1900D Nursing Research Community.

CDR Troncoso was competitively selected among her peers for this position and brings a robust investment in nursing research and expertise that will further advance the practice of nursing within Navy Medicine.

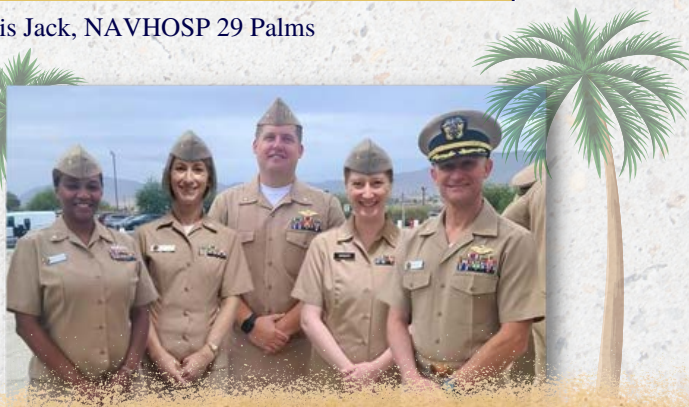
Please join me in congratulating CDR Troncoso on her new role!

~CAPT Jill M. Maldarelli-Drey, NC, USN, Assistant Director, Policy and Practice

Naval Hospital 29 Palms Celebrates Its Clinical Nurse Specialists During CNS Recognition Week

Submitted by: CAPT Chris Jack, NAVHOSP 29 Palms

From Left to Right: CDR Mohnke Broughton, Perinatal CNS; CDR Candice Kline, MedSurg CNS; CDR Nathan Lee, Emergency CNS; LCDR Lauren Schuetz, MedSurg CNS; CAPT Chris Jack, Critical Care/Trauma CNS.



BRAVO ZULU!

Recognition

LT Jose Tolentino, NMRTC Camp Pendleton has earned his Certified Flight Registered Nurse (CFRN). He now holds all five certifications offered by the BCEN (Certified Emergency Nurse (CEN), Certified Flight Registered Nurse (CFRN), Certified Pediatric Emergency Nurse (CPEN), Certified Transport Registered Nurse (CTRN), and Trauma Certified Registered Nurse (TCRN). He also holds certification in adult critical care nursing (CCRN-Adult).

On behalf of RDML Kuehner and the Nurse Corps Front Office, we would like to congratulate the following Navy Nurses who have been selected to serve as the next team of leaders for the Clinical Nurse Specialist Advisory Board (CNSAB).

LCDR Chantel Charais, Co-Chair
LCDR Alainna Crotty, Co-Chair
LCDR Sarah Chilson, Vice Chair
LCDR Sarah Hull, Vice Chair

I would also like to take this opportunity to thank the outgoing team of CNSAB leaders who have done a tremendous job in keeping the CNS momentum moving in a positive direction, despite the challenges that the last two years have brought. Many thanks to **CDR Heather Shattuck**, **CDR Judy Hanhila**, **CDR Stacy Stats**, and **LCDR Amy Aparicio** for their outstanding leadership and dedication!

Please take a moment to congratulate your colleagues on a job well done!

~CAPT Jill M. Maldarelli-Drey, NC, USN
Assistant Director, Policy and Practice

NC NEWS TEAM WANTS TO HEAR FROM YOU!!

Earned your certification?

Earned your advanced degree?

Completed advanced training?

Published an article and/or presented your research?

Implemented a new program or process improvement?

Have a photo and/or story you'd like to share?

We look forward to hearing from you!

All articles should be submitted as a 1/2-1 page of Times New Roman, size 12, single-spaced. An official photo should be submitted for the author.

We love photos - please submit your pictures of our Nurse Corps in action! To comply with PAO Guidelines, they need to be sent with the following information:

Subject of photo

Who took the photo

When and where the photo was taken

A statement that the photo was Released by the Command PAO

*No badges or other protected information!